

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037380
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 71

FILED OCT 8 1962

VS 300
Rev. 4/59

1050

21050

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SULLIVAN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP OR TOWN) <u>MILAN TOWNSHIP</u> Length of stay in lb <u>40 YRS</u>		c. CITY OR TOWN <u>MILAN</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SULLIVAN COUNTY MEMORIAL HOSP</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CARL EDWIN GRAMLING</u>		4. DATE OF DEATH Month Day Year <u>SEPT 29 1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>7-28-1917</u> 9. AGE (last birthday) <u>45</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COMMON LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state or country) <u>SULLIVAN Co MO</u> 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
13a. FATHER'S NAME <u>SAMUEL FORD</u>		13b. MOTHER'S MAIDEN NAME <u>REBECCA GRAMLING</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) <u>YES W.W.I.</u>		17. INFORMANT Address <u>355 REBECCA GRAMLING MILAN MO</u>	
16. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>crushed chest, skull fracture</u> DUE TO (b) <u>car upset.</u> DUE TO (c) <u>—</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 16.) <u>Push up truck side on pt trunk on m-5 - turning back up - over on body.</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>9:20 P.M. 9-29-62</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>m.s. Highway - 1 mi. S. Milan Sullivan Mo.</u>	
20f. CITY, TOWN, OR LOCATION <u>Milan Sullivan Mo.</u>		20g. COUNTY <u>Sullivan</u> STATE <u>MO</u>	
21. I attended the deceased from <u>9-29-62</u> to <u>9-29-62</u> and last saw him alive on <u>9-29-62</u> Death occurred at <u>9:50 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>G.W. Dringman Sr.</u>		22b. ADDRESS <u>Milan</u>	
22c. DATE SIGNED <u>10-1-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-1-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hannay</u>	23d. LOCATION (City, town, or county) (State) <u>Milan (Revel) MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>Revel Funeral Home Milan Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10-3-62</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. M.W. Beckett</u>

7961 6'100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Samuel C. Bigger*

Licensed Embalmer No. 3792

P. O. Address *Miles Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.